# FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

SEC. Mail Processing Section

Washington, DC

FORM D

JAN 15 2008

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** 

UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL OMB Number. 3235-0076 Expires: April 30, 2008 Estimated average burden hours per response.....16.00

SEC USE ONLY						
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ان کا نا		
Name of Offering ( check if this is an amendment and name has changed, and indicate ch	ange.)	
Aero Venture Fund I, LP		
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 S	ection 4(6)	ULOE
Type of Filing: New Filing Amendment	•	
<del>-</del>		
A. BASIC IDENTIFICATION DA	ΓA	1914 4 1910 1914 1910 1914 1910 1914 1910 1914 1910
1. Enter the information requested about the issuer		11884 1000 184 1800 184 184 184 184 184 184 184 184 184 184
Name of Issuer ( check if this is an amendment and name has changed, and indicate changed	(c.)	08022166
Aero Venture Fund I, LP		•
Address of Executive Offices (Number and Street, City, State, Z	ip Code)	Telephone Number (Including Area Code)
12707 High Bluff Drive, Suite 140, San Diego 92130	(8	358) 481-8022
Address of Principal Business Operations (Number and Street, City, State, 7 (if different from Executive Offices)	Lip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)		
Brief Description of Business		BBOOCOOCO
		PROCESSED
Investment Management		
Type of Business Organization		JAN 2 3 2008
corporation limited partnership, already formed	other (plea	ase specify):
business trust limited partnership, to be formed	Limited L	iability Company THOMSON
Month Year		FINANCIAL
Actual or Estimated Date of Incorporation or Organization: 0 1 Actual	✓ Estimate	ted .
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation		
CN for Canada; FN for other foreign jurisdicti	on)	DE
CEMEDAL INCEDICTIONS		<del></del>

### GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ✓ Promoter ✓ Beneficial Owner Executive Officer General and/or ✓ Director Managing Partner Full Name (Last name first, if individual) Aero Fund Managers, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 12707 High Bluff Drive, Suite 140, San Diego 92130 Check Box(es) that Apply: ✓ Beneficial Owner Executive Officer ✓ Promoter General and/or Director Managing Partner Full Name (Last name first, if individual) Price, James Business or Residence Address (Number and Street, City, State, Zip Code) 12707 High Bluff Drive, Suite 140, San Diego 92130 Check Box(es) that Apply: ✓ Promoter | Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Grimm, David Business or Residence Address (Number and Street, City, State, Zip Code) 12707 High Bluff Drive, Suite 140, San Diego 92130 Promoter Beneficial Owner Check Box(es) that Apply: Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Janssen, Robert Business or Residence Address (Number and Street, City, State, Zip Code) 12707 High Bluff Drive, Suite 140, San Diego 92130 **▼** Promoter Director Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Junot, Elwood Business or Residence Address (Number and Street, City, State, Zip Code) 12707 High Bluff Drive, Suite 140, San Diego 92130 Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

					В. І	NFORMAT	ION ABOL	T OFFERI	NG				
1. H	as the	issuer sole	d, or does t	he issuer i	ntend to se	ell to non-s	occredited i	investors in	ı this offer	ino?		Yes	No ✓
1. 11	us inv	155401 501	a, or does r			n Appendix				-		ш	<b>A</b>
2. W	hat is	the minim	um investn			= =		-				<u>\$ 250.</u>	,000 (waivable)
3. D	Does the offering permit joint ownership of a single unit?											Yes	No
											_		
co If or	mmis a pers states	sion or sim on to be lis , list the na	ilar remune sted is an ass ame of the b you may s	ration for s sociated pe roker or de	solicitatior erson or age ealer. If m	of purchas ent of a brol ore than fiv	ers in conne ker or deale e (5) person	ection with or registered ns to be list	sales of se d with the S ed are asso	curities in t SEC and/or	he offering with a state	:	
Full N	ame (I	Last name	first, if ind	ividual)									<u> </u>
Busine	ess or l	Residence	Address (N	Jumber and	d Street, C	ity, State, 2	Zip Code)						
Name	of Ass	ociated Bi	oker or De	aler									
States	in Wh	ich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers				<del></del>		
(C	heck '	"All States	s" or check	individual	l States)				***************************************	***************************************	••••••	☐ AI	I States
A	L]	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	L.	IN	ĪA	KS	<u>KY</u>	LA	ME	$\overline{\mathrm{MD}}$	MA	MI	MN	MS	MO
	(T)	NE	NV	NH	NJ	NM	NY	NC NC	ND]	OH]	OK]	OR	PA
F	II	SC	[SD]	TN	TX	UT	VT	VA	[WA]	$[\overline{W}\overline{V}]$	<u>WI</u>	WY	PR
Full Na	ame (I	ast name	first, if ind	ividual)									
Busine	ess or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						
Name	of Ass	ociated Br	oker or De	aler		<del></del>							
States	in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
			or check							•••••		☐ AI	1 States
A	I	AK	AZ	AR	CA	CO	[CT]	DE	DC	FL	GA	HI	ID
I	L	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	IT]	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	<u>u</u>	SC	SD	TN	TX	UT	VΤ	VA	WA	WV	WI	WY	PR
Full Na	ame (I	ast name	first, if indi	vidual)									
Busine	ss or	Residence	Address (1	Number an	d Street, C	Sity, State, 2	Zip Code)						
Name o	of Ass	ociated Br	oker or De	aler						<u> </u>			
States	in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
(C	heck '	'All States	" or check	individual	States)	•••••	•••••					☐ Al	l States
Α	L	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HÏ	ID
	L	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
-	T)	NE SC	NV SD	NH TNI	NJ	NM)	NY	NC VA	ND WAL	OH WV	OK)	OR WV	PA DD
[ K	41	DC.	20	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check		
	this box and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	<u>, o</u>	\$ <u>0</u>
	Equity	<u>s o</u>	\$ <u>0</u>
	Common Preferred		
	Convertible Securities (including warrants)	<b>5</b> 0	\$ 0
	Partnership Interests	•	<b>\$</b> 0
	Other (Specify)		\$ 0
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.	*	<b>4</b>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	0	\$ <u>0</u>
	Non-accredited Investors	0	<b>\$</b> 0
	Total (for filings under Rule 504 only)	0	<b>\$</b> 0
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		<b>s</b>
	Regulation A		\$
	Rule 504		\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$ <u>0</u>
	Printing and Engraving Costs	<u> </u>	\$ <u>0</u>
	Legal Fees		\$ <u>0</u>
	Accounting Fees		\$ 0
	Engineering Fees	H	\$ 0
	Sales Commissions (specify finders' fees separately)		<b>\$</b> 0
	Other Expenses (identify)		\$ 0
	Total	H	<b>s</b> 0

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$ <u></u> 0
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	\$ <u>_</u> 0	<u>     \$                               </u>
	Purchase of real estate	]\$ <u></u> 0	<u> </u>
	Purchase, rental or leasing and installation of machinery and equipment	\$ <u></u>	□ <b>\$</b> ○
	Construction or leasing of plant buildings and facilities	ገ\$ <u></u>	<u> </u>
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another	— a 0	
	issuer pursuant to a merger)		□ \$ <u>0</u>
	Repayment of indebtedness [	_	<u></u> \$0
	Working capital [	_	<del>-</del>
	Other (specify):	_] \$	□ \$ <u> </u>
		\$ <u></u>	\$ <u></u>
	Column Totals	<u> </u>	<u> </u>
	Total Payments Listed (column totals added)	<u> </u>	<del></del>
	D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commis information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of F	sion, upon writte	
SSI	uer (Print or Type) Signature 1	Date	1
Αe	ero Venture Fund I, LP	73/08	,
Nai	me of Signer (Print or Type) Title of Signer (Print or Type)	-1-1- <del></del>	
Ja	mes Price Managing Member of Aero Fund Managers, I	LLC/General Par	tner of Issuer
_	*		

# - ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE									
1.			√ √								
		See Appendix, Column 5, for state response.									
2.	The undersigned issuer hereby under D (17 CFR 239.500) at such times a	kes to furnish to any state administrator of any state in which this notice is filed a notice required by state law.	on Form								
3.	The undersigned issuer hereby under issuer to offerees.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.									
4.	limited Offering Exemption (ULOE)	t the issuer is familiar with the conditions that must be satisfied to be entitled to the fifthe state in which this notice is filed and understands that the issuer claiming the availablishing that these conditions have been satisfied.									
	uer has read this notification and knows athorized person.	e contents to be true and has duly caused this notice to be signed on its behalf by the und	ersigned								
Ì	(Print or Type) Venture Fund I, LP	Signature Date 2/08									
Name (	(Print or Type)	Title (Print or Type)									
James	s Price	Managing Member of Aero Fund Managers, LLC/General Partner of Issu	ıer								

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## **APPENDIX** 1 2 3 4 Disqualification under State ULOE Type of security (if yes, attach Intend to sell and aggregate to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Non-Accredited Accredited Yes Investors State No Amount Investors Amount Yes No ALΑK AZAR Partnership Interests No Maximum 0 CA0 0 0 CO CTDE DC FL GA HI ID ΙL IN IA KS KY LA ME MD MA MI MN MS

				APPENDIX	
l	1	2	3	4	5

1	Intend to non-a	2 I to sell accredited as in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				lification ate ULOE attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО					<u> </u>				
МТ				·					
NE			-						
NV									
NH									
NJ									
NM									
NY				r					
NC									
ND					L				
он									
ок	_								
OR									
PA	_								
RI									
SC									
SD									
TN									
TX	1		Partnership Interests No Maximum	0	0	0	0		✓
UT									
VT									
VA									
WA									
wv						_			
WI									

		·		APP	ENDIX					
1		2	3 Type of security				lification ate ULOE			
	to non-a	to sell accredited as in State 3-Item 1)	and aggregate offering price offered in state (Part C-Item 1)	Type of investor and explana amount purchased in State waiver (Part C-Item 2) (Part E-			amount purchased in State			
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited				No	
WY										
PR										

